

# Appendix E

## Asbestos Work Permit

To be completed by the LLNL crew supervisor. Outside contractors should use PE Specification 001310					
Supervisors name _____ WHIZ TAG # _____ IWS# _____ JO# _____					
Affected building: _____ Room/area: _____					
Is area occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No Will work area be posted before start of work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Brief job description: _____					
Planned work dates: from _____ to _____ Time: from _____ to _____					
Activity to be performed					Measured Quantity
Thermal System Insulation (TSI) removal					LF/SF
Thermal System Insulation (TSI) encapsulation					LF/SF
Transite panel or pipe removal					LF/SF
Vinyl asbestos tile (VAT)/mastic removal					SF
Linoleum removal					SF
Acoustic or fireproofing removal					SF
Cleaning or decontamination of surfaces					SF
Sawing, drilling, scoring, or breaking of asbestos					SF
Other (Describe project on back of this sheet)					LF/SF
Type of Asbestos (chrysotile, amosite, crocidolite): _____ % Asbestos _____ File # _____					
Individuals involved in activity					
Name	Employee #	Training Hrs.	Name	Employee #	Training Hrs.
Asbestos Control Equipment					
HEPA vacuums		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amended water		<input type="checkbox"/> Yes <input type="checkbox"/> No
Encapsulant (name _____)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Glove bags		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mastic remover (name _____)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridging (name _____)		<input type="checkbox"/> Yes <input type="checkbox"/> No
HEPA-filtered negative air		<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated neg-air CFM? _____		Qty _____
Decon chamber <input type="checkbox"/> Yes <input type="checkbox"/> No		Decon type? _____		Shower <input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Disposal Arrangements					
1. Is this a demolition? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Are the material conditions friable or likely to become friable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. If the response to step 2 is Yes, are regulated quantities of friable asbestos greater than 100 LF, 100 SF, 35 ft <sup>3</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Air Monitoring					
Notify the industrial hygienist at least 48 hours before start of work so arrangements can be made for air monitoring.					
Supervisors signature _____			Date: ____ / ____ / ____		
To be completed by the EPD/PRAG Group					
1. If the response to steps 1, 2 and 3 above is No, then the notification is processed through a Hazards Control industrial hygienist.					
2. If you answered Yes to step 1 or 3 above, then EPD must file notification more than 10 days prior to job start date.					
EPD/PRAG signature (if required) _____			Date: ____ / ____ / ____		
To be completed by the industrial hygienist					
Personal Protective Equipment					
Coveralls: Tyvek <sup>TM</sup> _____		Other (Specify): _____			
Eye Protection _____		Shoe Covers _____			
Hearing Protection _____		Hard Hats _____			
Gloves _____		Hard Hats _____			
Respirator Protection Requirements					
Issue Point Administrator (if other than Supervisor) _____					
Half Mask _____		Full Face _____			
PAPR (full face piece) _____		Other _____			
Cartridge type if other than HEPA _____		Comments _____			
Additional Control Requirements/Procedures: _____					
Industrial hygienists signature _____			Date: ____ / ____ / ____		
Industrial hygienist name _____		Pager # _____	Phone # _____	FAX # _____	